

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34581**

Registrar's No. **67**

FILED NOV 12 1943

Registration District No. **5413**

Primary Registration District No. **5413**

1. PLACE OF DEATH:

(a) County Douglas
(b) City or town Squires Waller
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether)
In this community. years, months or days

3. (a) PRINT FULL NAME Samuel Landsdown

3. (b) If veteran, No name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or Grace White 6. (a) Single, widowed, married, divorced. Married
6. (b) Name of husband or wife. Hester Ann Landsdown 6. (c) Age of husband or wife if alive. 59 years
7. Birth date of deceased. August 1, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 5 27 hr. min.

9. Birthplace Douglas County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER { 12. Name David Landsdown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Morrison
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Hester Ann Landsdown
(b) Address Squires Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof. (Month) (Day) (Year)
(c) Place: burial or cremation. Clark

18. (a) Signature of funeral director. Clinkingbeard Funeral Home
(b) Address Ava, Missouri

19. (a) 10-1-43 (Date received local registrar) (b) Mr. J. R. Spurlock (Registrar's signature) deputy

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Douglas 34
(c) City or town Squires Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 24
year 1943 hour 6 minute 55 PM.

21. I hereby certify that I attended the deceased from Aug 20 1943 to Aug 24 1943
that I last saw him alive on Aug 23 and that death occurred on the date and hour stated above.
Immediate cause of death Peritonitis Duration 1 wk

Due to acute appendicitis 10 days

Due to 12/1/1

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. Of autopsy. PHYSICIAN Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).
(b) Date of occurrence.
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (c) Means of injury

23. Signature R M Morrison (M. D. or other) Ava
Address Date signed Aug 24/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1056

RECEIVED

District Health Officer No. 61

District File Number 10413-1183

Date Filed OCT 28 1943

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

W.B. Hutchinson

Licensed Embalmer No.

3431

P. O. Address.....

Area Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.